

Personal Legal Readiness Record		
Date guide prepared:		
Section I - Your Personal Data		
Name	Rank	SSAN
Military Address	Telephone Numbers Work: Home:	Current Address
State of domicile and basis for claiming this state:		
Date and Place of Birth		Do you have a certified copy of your birth certificate in your possession? Location:
Passport No.: Date and city of issuance: Expiration date:	Are you a naturalized citizen?	Naturalization Certificate No.
Were you adopted?	Date and Place of Adoption.	Do you have adoption papers in your possession? Location:
Marital status:		Date and place of current marriage:
Do you have a certified copy of your marriage certificate in your possession? Location:		Do you have a prenuptial agreement? Location:
If previously married, please list the following: Name of your prior spouse(s) . Date and place of marriage: Date and circumstances of termination of marriage:		
Do you have a certified copy of any applicable divorce decrees in your possession? Location:		Do you have a certified copy of any applicable death certificates in your possession? Location:
Section II - Your Spouse's Personal Data		
Name	Rank (if applicable)	SSAN
Military Address (if applicable)	Telephone Numbers Work: Home:	Current address
State of domicile and basis for claiming this state:		
Date and place of birth		Do you have a certified copy of your spouse's birth certificate in your possession? Location:
Passport No. Date and city of issuance: Expiration date:	Is your spouse a naturalized citizen? .	Naturalization Certificate No:
Was your spouse adopted?	Date and place of adoption	Do you have adoption papers of your spouse in your possession? Location:

Section V - Estate and Probate Matters		
	Your Will	Your Spouse's Will
Date of Will:		
Date last reviewed by an attorney:		
Location of Will:		
Name, address, and phone number of executor:		
Name, address and phone number of alternate executor:		
Name, address, and phone number of guardian:		
Name, address, and phone number of alternate guardian:		
Estimate value of the separate estates (exclude life insurance proceeds):		
Have there been any significant changes in family personal or financial conditions since the execution of your or your spouse's will? If so, please explain.		
Have you or your spouse made any substantial gifts (over \$10,000) in recent years? Please explain.		
Do you or your spouse have any rights or expectations with regard to the estates of others? Please explain.		
Have you evidenced your wishes as to the following and by what means: Organ Donor Programs: Disposition of Remains: Funeral Arrangements (Military Honor?, etc.):	Has your spouse evidenced his or her wishes as to the following and by what means: Organ Donor Programs: Disposition of Remains: Funeral Arrangements:	
Do you have a Living Will or Durable Power of Attorney for Health Care Decisions? Specify which and state the location of the original and any copies:	Does your spouse have a Living Will or Durable Power of Attorney for Health Care Decisions? Specify which and state the location of the original and any copies:	

Section VI - Powers of Attorney

Type of Power (if other than General, list specific power granted)	Date of Execution	Date of Expiration	Location	Name and Address and Phone No. of Grantee
<hr/>	<hr/>	<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>	<hr/>	<hr/>
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Section VII - Taxes

Year (list the last 5 years)	Federal Taxes: What kind of return did you file (1040A, etc./single, joint, etc.) and in which IRS region did you file? Include information on audits and amended returns.	No. of exemptions	Amount of refund or payment due (specify which)	State Taxes: What kind of return did you file (resident, non-resident, part-year resident), and in what State(s)/County(ies) did you file?	Amount of refund or payment due (specify which)	Real Estate Taxes: In what State/County did you file?	Personal Property Taxes: In what State/County did you file?

Address and phone number for state/local taxing authorities:

Did you pay taxes on any full-time or part-time household employees for any of the past five years? Please explain.

Section VIII - Financial Position									
Part A - Real Estate (Use a continuation sheet if necessary.)									
Legal Description of Real Estate					Street Address				
Date Acquired		Purchase Price		Cost of Added Improvements		Present Value		Deed Recorded	
Mortgage Company and Address:			Balance		Interest Rate	Monthly Payments	Other Encumbrances (liens, deed of trust, etc.)		
Insurance Company and Address:			Agent/Phone No.		Policy No/Expiration Date		Deductible		Limits
Legal Description of Real Estate					Street Address				
Date Acquired		Purchase Price		Cost of Added Improvements		Present Value		Deed Recorded	
Mortgage Company and Address			Balance		Interest Rate	Monthly Payments	Other Encumbrances (liens, deeds of trust, etc.)		
Insurance Company and Address			Agent/Phone No.		Policy No/Expiration Date		Deductible		Limits
Description of real estate sold during the past year.									
Property Sold		Type Sale				Date Sold		Sales Price	
Descriptions of all leases held by you or your spouse (landlord/tenant, period of time rental, etc.):									
Type of Lease		Lessee			Payment on Lease			Expiration Date of Lease	

Part B-Vehicles (Use continuation sheet if necessary)						
Year and Make				VIN		
State and Title No.		Lien Holder and Address		Amount of Lien		Monthly Payments and Date Payment will be Complete
Insurance Company and Address	Agent/Phone No.	Policy Number and Expiration Date	Value of Vehicle	Type of Coverage	Limits	Deductible
				Liability	_____	_____
				Comprehensive	_____	_____
				Collision	_____	_____
				Property Damage	_____	_____
				Un(under)insured motorist	_____	_____
				Other_____	_____	_____
Year and Make				VIN		
State and Title No.		Lien Holder and Address		Amount of Lien		Monthly Payments and Date Payments will be Complete
Insurance Company and Address	Agent/ Phone No.	Policy Number and Expiration Date	Value of vehicle	Type of Coverage	Limits	Deductible
				Liability	_____	_____
				Comprehensive	_____	_____
				Collision	_____	_____
				Property Damage	_____	_____
				Un(under)insured motorist	_____	_____
				Other_____	_____	_____
Year and Make				VIN		
State and Title No.		Lien Holder and Address		Amount of Lien		Monthly Payments and Date Payments will be complete
Insurance Company and Address	Agent/ Phone No.	Policy Number and Expiration Date	Value of Vehicle	Type of Coverage	Limits	Deductible
				Liability	_____	_____
				Comprehensive	_____	_____
				Collision	_____	_____
				Property Damage	_____	_____
				Un(under)insured motorist	_____	_____
				Other_____	_____	_____

Part C - Other Property of Value (jewelry, household goods, etc.) (Continuation sheet recommended)

[illegible]**Part D - Additional Insurance: Personal Liability or Property** (renter's insurance, etc.)[illegible]

Part E - Credit Cards

[illegible]

Part F - Stocks, Mutual Funds, Other Securities (attach a detailed list with addresses and phone numbers for permanent record)

[illegible]

Part G - Savings Bonds

[illegible]

Part H - Bank Accounts and Savings Deposits

[illegible]

Part I - Miscellaneous Assets (notes, claims, trust funds, etc.) (attach a detailed list)

Part 4: Miscellaneous Assets (Notes, Claims, Insurance, etc.) (Attach a detailed list.)			
Description of Asset	Co-Owner & % Purchase Price Paid	Value	Annual Income

Part J - Other Liabilities

List all liabilities not listed in previous sections:

Person/Institution: to Whom Owed and Address	Description (long term debt, alimony, support, etc.)	Legal Document Evidencing Liability	Balance	Annual/Monthly Payment and date payments end
_____	_____	_____	_____	_____
_____				_____

_____	_____	_____	_____	_____
_____				_____

_____	_____	_____	_____	_____
_____				_____

_____	_____	_____	_____	_____
_____				_____

_____	_____	_____	_____	_____
_____				_____

Section IX - Family Protection

Part A - Life Insurance

Type Ins. Policy Holder	Name and Address of Company	Agent and Phone No.	Policy No. and expiration date	Beneficiaries	Coverage	Cash Surrender Value	% interest rate on loans
SGLI	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____

TOTAL amount of benefits beneficiaries will receive upon policyholder's death: _____

*Do any of your life insurance policies have war risk clauses? _____

Part B - Other Insurance (health and accident, etc.)

Type Ins. Policy Holder	Name and Address of Company	Agent and Phone No.	Policy No. and expiration date	Beneficiaries	Coverage	Cash Surrender Value	% interest rate on loans
CHAMPUS Supplement	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____

Part C - Assets of Minor Children	
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List children's assets not listed above (trust funds, education bonds, stock, etc. whether established by yourself or another)

[illegible]

Total financial assets of each minor child: _____

Have you established a college tuition plan for each minor child? _____

Part D - Military Survivor's Benefits

List the amount of benefits your family would receive if you should die today:

- a. Six months gratuity payment: _____
- b. Dependency and indemnity compensation: _____ monthly, reduced to _____ on _____
- c. Social Security benefits: _____ monthly, reduced to _____ on _____.
- d. Servicemen's Group Life Insurance: _____ total payment; _____ lump sum; _____ monthly payments
- e. Others: _____

Part E - Record of Emergency Data	
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Is your Emergency Data card up to date?

Name and address of your beneficiary specified on your Emergency Data Card to receive settlement of pay and allowances:

Date record last reviewed:

Section X - Location of Valuable Documents/Safety Deposit Box

Do you have a safety deposit box? _____

Location of box: _____ Box number: _____

Number of keys: _____ Location(s) of keys: _____

Name and address of Joint Owner (if any): _____

Section XI - Documents You Should Have Readily Available

<p>_____ Social Security numbers for all dependents</p> <p>_____ Certified copies of birth certificates for all dependents</p> <p>_____ Immunization Records for self and all dependents</p> <p>_____ Certified copies of applicable marriage certificates</p> <p>_____ Certified copies of applicable divorce decrees</p> <p>_____ Naturalization certificates, if applicable</p> <p>_____ Copies of all real estate papers</p> <p>_____ Copies of all tax returns for the past 5 years</p>	<p>_____ Copies of all ins. contracts (life, accident, renter's, etc.)</p> <p>_____ Copies of all Powers of Attorney that you have issued</p> <p>_____ Original Wills for you and your spouse</p> <p>_____ Automobile papers</p> <p>_____ Stocks, bonds, etc.</p> <p>_____ Bank/Savings Deposit Books</p> <p>*We also suggest a full inventory of personal property, to include a video picture as well as a written inventory.</p>
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Additional Information:

Questions for Attorney:

